

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155205	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
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NAME OF PROVIDER OR SUPPLIER GREENCROFT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 GREENCROFT DR GOSHEN, IN 46527
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F000000	<p>This visit was for the Investigation of Complaint IN00131584.</p> <p>Complaint IN00131584 - Substantiated, Federal deficiencies related to allegation are cited at F166.</p> <p>Survey date: 7/11/13</p> <p>Facility number: 000112 Provider number: 155205 AIM number: 100288710</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 57 SNF/NF: 131 Total: 188</p> <p>Census payor type: Medicare: 18 Medicaid: 122 Other: 48 Total: 188</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p>	F000000	<p>F 000 Initial Comments</p> <p>This plan of correction constitutes Greencroft Healthcare's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission or that a deficiency exists, or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a desk review of this Plan of Correction.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review completed by Debora Barth, RN.			

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F000166 SS=C	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to acknowledge grievances made by residents in resident council meetings and failed to actively attempt to resolve the grievance. This deficiency affected 4 of 4 residents interviewed about staffing. (Resident A, B, C, D)</p> <p>Findings include:</p> <p>During an interview on 7/11/13 at 11:35 a.m., Resident (A)'s family member indicated they had to wait prolonged periods of time for call lights to be answered. She indicated the resident had not had any falls, incontinent episodes or pain as a result of the long call lights being answered, but would often have to wait for assistance.</p> <p>The Minimum Data Set assessment indicated Resident (A) scored a 14 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 14 indicated the resident was cognitively intact.</p>	F000166	<p>F 166 Right to Prompt Efforts to Resolve Grievances</p> <p>The family member filing the complaint meets with the Director of Nursing (DON) weekly. The DON has met with the family member since the complaint survey. The DON will document weekly meetings with resident spouse and identify areas of concern and follow up with departments as appropriate. The information will be documented on the grievance/complaint form (Attachment A) for identification purposes and investigated (Attachment B) for resolution. All other complaints and grievances reported in the facility will be documented on the same forms for follow up and resolution.</p> <p>The facility uses Abaqis</p>	07/31/2013			

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	<p>During an interview on 7/11/13 at 12:25 p.m., Resident (B) indicated it took 30-60 minutes before call lights were answered. He indicated the long call lights had been mentioned at previous resident council meetings. He indicated he attended monthly resident council meetings.</p> <p>During an interview on 7/11/13 at 3:15 p.m., Resident (D) indicated she had to wait long periods of time before calls lights were answered.</p> <p>During an interview on 7/11/13 at 4:50 p.m., Resident (C) indicated the long call light wait times had been mentioned in resident council meetings, but the residents had not received any follow-up related to the long call lights. She indicated she attended monthly resident council meetings.</p> <p>The Minimum Data Set assessment, indicated Resident (C) scored a 13 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 13 indicated the resident was cognitively intact.</p> <p>Review of the current faculty resident council minutes, provided by the ADoN on 7/11/13 at 4:23 p.m., indicated on 4/2/13, a resident stated</p>		<p>interviews to identify concerns. These were reviewed to check for appropriate follow-up on current concerns as well as past concerns. Council minutes, routine daily interactions with resident for care issues also focused on asking residents about concerns. Attachments A & B were used and will be used in the future as tools to address comments received by residents and families.</p> <p>The facilities policy and procedure on grievances/complaints was also reviewed. Tools to identify future concerns will include Abaqis, ISDH Resident Satisfaction Survey, Council minutes, AM Stand-up report and routine daily interactions with residents. Council minutes will be distributed to the Administrator and DON for analysis and resolution of reported concerns/complaints.</p> <p>The Administrator or DON or designee will meet with the resident as least six</p>		

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	<p>the facility could use more CNA staff because the facility is understaffed. The Activity Director (AD) indicated he would follow up with the DoN related to recent staffing concerns and ask the DoN to attend the next meeting to address both topics. The May meeting did not discuss staffing issues.</p> <p>The resident council minutes, dated 6/4/13, indicated the AD discussed staff shortage. The AD indicated students were not in the building and staff had moved elsewhere related to an increase in the economy. He indicated the 4 four activity staff members, who are also certified CNA's, will assist 1 day per week as CNA's and he will roam the building and assist with call lights.</p> <p>During an interview on 7/11/13 at 4:40 p.m., Health Facility Administrator (HFA) indicated she did not attend the resident council meetings, but would read the minutes and address concerns with each individual resident. She indicated she did not document the voiced grievance or the resolution.</p> <p>Review of the current facility policy, revised 11/1/08, provided by the Administrator on 7/11/13 at 9 a.m.,</p>		<p>times a year to hear concerns/complaints. These meetings will be documented on the grievance/complaint form (Attachment A). A 20 day follow up will be completed on each grievance/complain to determine if issues were resolved in a fair, and equitable way for the resident. CQI will review process for complaint quarterly and make recommendations as needed. The facility goal is to address grievance and complaints immediately as an ongoing process. Alleged date of compliance 7/31/2013.</p>				

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	<p>titled "Resident Rights" included, but was not limited to, the following:</p> <p>"Grievance</p> <p>A resident has the right to:</p> <p>1. Voice a grievance with...</p> <p>11. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to behavior or other residents."</p> <p>This Federal tag relates to Complaint IN00131584. 3.1-7(a)(2)</p>			